

Since the submission of the Standard Questionnaire and Financial Statement and/or Supplemental Questionnaire now on file in this office:

1. Have there been any additions or reductions in the staff of your supervisory personnel?

☐ Yes ☐ No

If Yes, complete the following:

Additional Supervisory Personnel Employed				
Individual's Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work	In What Capacity

Reductions in Staff of Supervisory Personnel				
Individual's Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work	In What Capacity

2. Have there been any significant additions or deletions to the equipment listed?

☐ Yes ☐ No

If Yes, complete the following:

Equipment Additions				
Quantity	Description and Capacity of Items	Date of Manufacture	Applicant's Purchase Price	Book Value

Equipment Deletions				
Quantity	Description and Capacity of Items	Date of Manufacture	Applicant's Purchase Price	Book Value

Schedules may be attached if more space is needed

Fiscal Information		
3. End of Applicant's Fiscal Year (Month, Day)		
4. Date of Year End Financial Statement (Month, Day, Year)		
As of the above date, the firm's total assets, liabilities, and net worth are as follows:		
Total Tangible Assets	Total Liabilities	Net Worth
\$ _____	\$ _____	\$ _____
5. Additional Financial Resource(s) (i.e., Bank Line of Credit, Parent Firm Guarantee, Personal Pledge of Net Worth, etc.) Any additional financial resources shall have a notarized letter to document the Pledge/Guarantee. Required information within the letter is: The dollar amount, Purpose of the Pledge/Guarantee, and a termination date for the Pledge Guarantee.		

6. Is the Prequalification issued to you satisfactory as it pertains to Classes of Work?

☐ Yes
☐ No

If No, List below the additional class or classes of work for which you feel you are equipped and qualified to perform and furnish supporting data for your proposed changes. (*Supporting data is experience, equipment, projects completed with names, Contracting Agency Mailing Address, Contact Person, Telephone No., Fax No. and Email Address to verify the work*) (Attach additional sheets if necessary)

Additional Classes

Corporation		Co-Partnership or Joint Venture	
If a corporation, complete this section		If a Co-Partnership or Joint Venture, complete this section	
When Incorporated	In What State?	Date of Organization	
President's Name		State whether General, Limited, or Association	
Vice President's Name			
Secretary's Name		State whether there is any limitation on duration of Co-Partnership or Joint Venture?	
Treasurer's Name			
If Out-of-State Corporation, have you complied with Washington's Corporation Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Authorized Signatures		
List the name and Title of those individuals in your organization who are authorized to execute proposals, contracts, bonds, and other documents and/or instruments on behalf of the organization. Specify if more than one signature is required.		
<i>The Signature MUST appear next to name.</i>		
Name (Typed)	Signature	Title

Non-Collusion

In order for your application for Prequalification to be considered, it is necessary to furnish the following information:

1. Has your firm ever been indicted, pled guilty, pled nolo contendere (no contest), or been convicted of any offense that has resulted in your firm being barred from bidding or performing work for any State, Local, or Federal Government? ☐ Yes ☐ No
2. Has any officer, employee, or other member of your firm ever been indicted, pled guilty, pled nolo contendere, or been convicted of any illegal restraints of trade, including collusive bidding?
If Yes, attach separate sheet(s) to this form giving details involved, the names of the individuals and their current employment status with your firm. ☐ Yes ☐ No
3. Has your firm or any officer, employee, or member of your firm ever been debarred for violation of various Public Contract Acts incorporating Labor Standards Provision?
If Yes, attach separate sheet(s) to this form giving details involved. ☐ Yes ☐ No
4. Is your firm under the protection of the bankruptcy court, have pending any petition in bankruptcy court, or have you made an assignment for the benefit of creditors? ☐ Yes ☐ No

Execution of the Affidavit

Individual: Signature of the individual in the firm name under which business is conducted.

Co-Partnership: The signature of all partners, general and limited under the firm name, or the signature of their Attorney in Fact.

Joint Venture: Signatures of an authorized representative of each party to the joint venture. Corporate members of a joint venture shall also affix their corporate seal.

Corporation: The signature of the authorized officer(s) of the corporation with corporate seal affixed.

Affidavit

Type of Organization (Individual, Co-Partnership, Joint Venture, or Corporation)

State of _____

County of _____

} SS

The undersigned, being duly sworn, deposes and says that the foregoing is a true statement of facts concerning the individual, corporation, co-partnership, or joint venture herein named, as of the date indicated; that the financial condition of said firm has not decreased since the submission of the Standard Questionnaire and Financial Statement now on file in the offices of the Washington State Transportation Commission; that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the Washington State Transportation Commission to award the said firm or individual a contract; and that any depository, vendor or other agency named in the aforementioned Standard Questionnaire and Financial Statement is hereby authorized to supply the Washington State Transportation Commission or its agent with any information necessary to verify this statement.

Name of Firm (As registered with Washington State Department of Licensing or Secretary of State): _____

Authorized Signature

Authorized Signature

Authorized Signature

Authorized Signature

Sworn to before me this _____ day of _____, _____

Notary Public _____

Corporate Seal

Notary Seal

